Peace Lutheran Church
2026 – 27 Registration Form

Parent / Guardian Information

Mother / Guardian Name		*Father / Guardian Name*	
Phone Number(s) ( ) -	*Email*	*Phone Number(s)* ( ) -	*Email*

Student Information

Student Name (First, Middle, Last)	❑ Male ❑ Female	*Birthdate*	
Student's Email (leave blank if none)	*Student's Phone Number (leave blank if none)* ( ) -	*Grade*	*School District*
Address	*City, State, Zip*		

Baptism Date	*Baptism Sponsors*	*9th grade only, I have submitted a:* ❑ Baptism or Baby Photo ❑ 9th Grade Photo
Baptism Location		*Medical Concerns/Allergies:*

Emergency Contact Information

Please provide additional contacts in the event of an emergency and the parent(s) / guardian(s) cannot be reached.

Emergency Contact (other than parent / guardian)	*Emergency Contact (other than parent / guardian)*
Phone Number(s) ( ) -	*Phone Number(s)* ( ) -

Photography and Video Notice

PLC may occasionally photograph or record video of youth participating in church-sponsored activities. Photos and videos are taken only by authorized staff or volunteers and may be used in church communications, including worship, the church website, newsletters, Facebook, YouTube, and other church publications. PLC will not publish personal identifying information. If you do not want your student's photo or video used, please notify the Pastor or Director of Youth and Family in writing. We will make reasonable efforts to honor your request, although we cannot guarantee that your student will not appear incidentally in group or crowd photographs or videos taken during public worship services or church events.

Parental Permission, Medical Authorization, and Release

I, the undersigned parent or legal guardian, give permission for the student listed above to participate in IGNITE Confirmation and all PLC-sponsored activities, including retreats, service projects, transportation, and other scheduled events. If my child becomes ill or injured and I cannot be reached, I authorize PLC staff or authorized volunteers to obtain emergency medical treatment, including transportation to a medical facility, as deemed necessary. Reasonable efforts will be made to contact me or my emergency contact. I understand that participation involves inherent risks and, to the fullest extent permitted by law, I release and hold harmless PLC, its employees, volunteers, and agents from claims arising from ordinary negligence, except in cases of gross negligence or willful misconduct. I certify that the information provided on this form is accurate and current and that I have disclosed any medical conditions, allergies, or medications that may affect my child's participation. I agree to notify PLC of any changes during the program year.

Parent/guardian signature:_____ Date:_____